

## Reminder: Changes to timely filing requirements coming in October

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Anthem Blue Cross and Blue Shield (Anthem) continues to look for ways to improve our processes and align with industry standards. With that in mind, it is also our goal to help providers receive their Anthem payments quickly and efficiently. Timely receipt of medical claims for your patients, our members, helps our chronic condition care management programs work most effectively, and also plays a crucial role in our ability to share information to help you coordinate patient care. In an effort to simplify processes, improve efficiencies, and better support coordination of care, we are changing all professional agreements to adopt a common time frame for the submission of claims to us.

**Notification was sent on July 1, 2019 to providers of applicable networks and contracts.**

Effective **for all claims received by Anthem on or after October 1, 2019**, all impacted contracts will require the submission of all professional claims within ninety (90) days of the date of service.

This means claims **submitted on or after October 1, 2019** will be subject to a ninety (90) day timely filing requirement, and Anthem will refuse payment if submitted more than ninety (90) days after the date of service<sup>1</sup>.

If you have any questions, please contact your local network representative.

<sup>1</sup> If Plan is the secondary payer, the ninety (90) day period will not begin until Provider receives notification of primary payer's responsibility.

**URL:** <https://providernews.anthem.com/indiana/article/reminder-changes-to-timely-filing-requirements-coming-in-october-3>

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